

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/869299

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1											
2		1										
3		12										
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TOTAL IND.												
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TOTAL CLAIMS												

51		1										
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TOTAL IND.	2											
TOTAL DEP.	47											
TOTAL CLAIMS	49											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS